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SECOND REPORT ON DR. HODGKIN'S ESSAY ON FEVER.*

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THE undersigned, from the committee to whom was referred the paper of Dr. Thos. Hodgkin, of London, in presenting his report upon that part of it which treats of the pathology of fever, deems it expedient, in the first place, to give a succinct and rapid outline of the views of the author himself.

The design of the remarks of Dr. H., as he himself states, is to notice the researches of "Professor Louis, of Paris, and of some of his disciples in America, in relation to one particular conclusion at which they have arrived." "The most remarkable results at which he (Louis) arrived," he says, "from his personal observation, was that in every case of fever the patches of aggregate glands towards the termination of the ileum were in a state of inflammation, and that the acute inflammation of these textures was confined to this affection." Upon the authority of Dr. Jackson, Jr., his father, and Dr. Bowditch, of Boston, Dr. Hodgkin has been led to make the assertion, to wit, "that in America also this affection is the prevailing accompaniment of fever." In Boston, it is true, typhoid fever is by no means rare, but the conclusion drawn from this fact by Dr. H. is altogether too general, and will not apply to the fevers we meet with in the malarial districts at the South. Climate, we know, has a powerful influence in modifying the type of diseases, and even in altering the character of fever, as our own country abundantly proves. But to return. "In England," says our author, "many inquirers, amongst whom I may include myself, have witnessed the great frequency of this local derangement in our fevers." Upon the evidence furnished by the cases of Dr. Shattuck, Dr. Louis in the last edition of his work "admits the existence of a disease in England and Ireland, presenting many of the symptoms described by former writers on fever, though wanting in some of the features which his own important investigations have shown to be the concomitants and characteristics of the disease of the aggregate glands." Having failed to find the aggregate glands always affected, Dr. H. is led to concur in the opinion of Louis

* See the last two Nos. of this Journal.

and several American physicians, that there is a typhus fever, "or a disease in which the symptoms described by the most accurate medical writers of former periods as occurring with and characterizing fever, described as typhus fever, attacks and carries off its victim without there being, on dissection, any evidence of the aggregate glands being affected during the course of the malady." "To this," he adds, "it is proposed to restrict the term 'typhus fever,' whilst to that disease in which the glands are affected, and which, with various peculiarities, may present most, if not all the more remarkable and formidable symptoms of typhus fever, the term 'typhoid,' or resembling typhus, is proposed to be applied as the exclusive and distinctive name." These terms, typhus and typhoid, as indicating diseases so different, our author looks upon as unfortunate from their liability to mislead. "He is firmly persuaded," however, "that formerly, as at present, the majority of the cases of severe fever, presenting the greatest number of those symptoms the presence of which is characteristic of what has been designated typhus, have occurred in epidemics in which the aggregate glands have been the seat of the most important lesion."

"In typhus and in some other affections," says Dr. H., "the state of the patient seems to be dependent on a certain general condition, rather than upon the functions and sympathies of a particular part which may be diseased, however important the local affection may be as the primary and essential seat of the malady." "The group of symptoms which we look upon as indicating a typhus state and most frequently present as the effect of disease in the aggregate glands; may be also in the tonsils as in scarlatina, in the large intestines in the worst form of camp dysentery, in the cellular membrane in plague and hospital gangrene, and in the lungs in typhoid pneumonia." In this particular kind of derangement the essential characters "are probably rather chemical than anatomical." "It is the opinion of Professor Rokitanski, of Vienna, that something peculiar is produced in the system in that state of disease which is known as typhus." The deep venous hue of the spleen visible in fever, Dr. Hodgkin looks upon as the result of impeded circulation through the portæ, occasioning some accumulation of blood in the spleen. And when this venous color is intermixed with a lighter hue, producing a sort of lilac tint, he regards it as "unequivocal evidence that some degree of inflammation has existed, causing separation of coagulable lymph from the blood, whence I am inclined to believe," continues our author, "that the altered condition of the circulating fluid in fever produces a direct effect upon the spleen, as in the cases of endocarditis noticed by the learned Professor of Vienna."

Having given this brief outline of Dr. Hodgkin's paper on the pathology of typhoid fever, the undersigned believes that he has done all that the Department either expect or desire; but inasmuch as a part of the committee appointed to report upon the above paper, has attempted to dispute the facts upon which the opinion of Dr. H. is based, and to set up a theory of fever, at variance with the views at present entertained by the mass of the better informed of the profession, we would beg

the indulgence of the Department for a few moments longer while we attempt to reply to the report read by Dr. Miller at the last meeting of this Department.

Dr. Miller asserts, in his report, that "typhus and typhoid fevers are mere grades of the same disease." Until pathological anatomy shed new light upon the nature of these affections, until observation succeeded in establishing on a firm basis the differential diagnosis of these two diseases, it was not to be wondered at that confusion should have existed in the history of the so-called "typhus fever," and that under the names of typhus mitior and typhus gravior we had associated two diseases, differing from each other in symptoms as well as in the lesions discoverable upon *post-mortem* examinations. The first of these, typhus mitior, we also recognize in the nervous fever of some writers, and in the disease which we now denominate typhoid fever, typhoid affection, or dothineritis. While typhus of the present day, the putrid fever of the older writers, petechial or spotted fever, jail or camp fever, are synonymous with typhus gravior.

In order to prove at once the incorrectness of Dr. Miller's assertion and the truth of this latter opinion, we have only to examine the facts which have been published. Louis, in his work upon "*Le Gastro-Entérite*," has proved that in the autopsic examinations of patients who die of the ordinary continued fever of Paris, a triple lesion is found, viz., enlargement and ulceration of the patches of Peyer, enlargement of the mesenteric glands, and enlargement and softening of the spleen. Careful autopsies were made by M. Louis in 46 cases, "in all of which there could be no doubt as to the nature of the affection." He found the "elliptical plates of the ileum more or less profoundly altered in every case, to the extent of from 2 to 8 feet." No one will pretend to say that Louis, so remarkable for his accuracy, could have here committed errors of diagnosis; not only will his published cases sustain the entire history of the disease which he has given us, but the medical view of France almost unanimously confirms his statements. Louis described no new disease; it was already known in France by various names, such as putrid, adynamic, ataxic or typhoide fever, and finally as gastro-entérite.

It will not be necessary for me to cite the opinions of Chomel, Andral, Bouillaud, Rostau, and a host of others, to prove that there is something more than mere coincidence between the symptoms of the "typhoid affection" of Louis, and the lesions discoverable after death; but I may be permitted to refer to a recent production or essay on this affection, written by M. Vallex, and published in the 4th volume (3d series) of the "*Archives Générales de Médecine*," January, 1839. The design of the author of this essay was to establish the "essential anatomical characters" of typhoid fever. On the 79th page, after examining several cases which had been published by Andral and others as examples of typhoid fever without ulceration of the aggregate glands, the author concludes by saying "that out of eight cases, there are only two in which the existence of this disease could be suspected, and these are precisely those which offer, at the end of the small intestines, lesions much too imperfectly described."

We have now, we think, said enough to establish the inseparable connection between typhoid fever and the alteration of the patches of Peyer. It would not be difficult to show that this identical disease does prevail to a certain extent in the United States, and especially in New England. Whoever will read what has been written upon this subject by Dr. Hale, Dr. Jackson, Dr. Bigelow, Dr. J. Jackson, Jr., Dr. Bowditch, Dr. Shattuck, Dr. Holmes and others, of Boston, must, we think, be convinced of the truth of this statement. In Philadelphia, too, the typhoid affection is frequently met with, presenting invariably the lesions described by Louis. This fever has been observed by many of the physicians of the latter city. I will only mention the names of Dr. Samuel Jackson, Dr. Gerhard, Dr. Pennock, and Dr. Stewardson. In the volume recently published by Dr. Bartlett, Professor of the Theory and Practice of Medicine in Transylvania University, on Typhoid and Typhus Fevers, we have a confirmation of all that we have said above. Finally, we must admit, upon the authority of Dr. Hodgkin, of London, Dr. Shattuck, of Boston, and others, that a typhoid fever, with ulceration of the aggregate glands, is also of frequent occurrence in Great Britain. It will be seen, from what we have said above, that we only wish to insist upon the essential connection between typhoid fever, by which we mean *the disease* described by Louis and none other, and the ulceration of Peyer's glands. We do not say that this is the only lesion (indeed we know to the contrary), nor do the advocates for the existence of this particular disease wish to assert that the lesion of Peyer's glands causes the fever, as Dr. Miller seems to have understood it. We believe, on the contrary, that it is a general disease; perhaps, as Dr. Hodgkin thinks, the *essential characters* are rather chemical than anatomical.

We will now briefly allude to another assertion made by Dr. Miller; to wit, that in his opinion the lesion of Peyer's glands, remarked in this disease, is most frequently caused by the mode in which the disease is treated. "Compare," says he, "the treatment of Louis with that of the same diseases in this country, and we will be readily able to answer why these diseases are so fatal in Paris, and why the aggregate glands are so frequently found diseased in that city." In making this assertion, Dr. Miller must surely have forgotten that every variety of treatment has been tried in Paris, such as bleeding, purging, the expectant treatment, &c. But again, the disease has been treated in Boston, Philadelphia, &c., after the practice generally pursued in the fevers of like places, and yet death has occurred, and the lesion, as we have seen above, invariably exists.

Dr. Miller says, in another part of his report—I quote his words—that "the idea that typhoid fever arises from a disease of the aggregate glands, is, as far as my own experience and observation go, perfectly preposterous." No arguments are used to sustain this bold assertion; no cases are produced, no new facts are brought to light. It will not be difficult, we apprehend, to explain how it is that Dr. Miller's "experience and observation" have not yet shown him the connection between typhoid fever and the alteration of the agglomerated glands. From ob-

servations which have recently been made in France; it would appear that between typhoid fever proper and intermittent fever, a marked antagonism exists. Thus in malarial districts intermittent is the prevailing form of fever, while typhoid fever is extremely rare. On the contrary, in localities entirely exempt from malarial influence, typhoid fever is the common form, and intermittent rare. Now if this law be true, we should expect, *a priori*, to find typhoid fever more prevalent in New England than in the miasmatic districts of the South, in Washington for example, and such is really the case. While resident physician of the Philadelphia Hospital, and physician of the Dispensary of the same city, we had abundant opportunity of becoming familiar with the typhus or petechial fever, as well as of the typhoid fever. During a residence of two years in Paris, subsequently, we were enabled to study closely the latter disease, and in every instance the symptoms during life, and the lesions after death, corresponded with the cases of typhoid fever which we had observed in Philadelphia. And although we examined critically every case of fever which came under our observation, it did not once occur to us to meet with a case which resembled the petechial or typhus fever of Philadelphia. Since our residence at Washington, a period of more than three years, we have met with every variety of malarial disease—intermittent, bilious remittent, continued and congestive fever, fevers of a low grade or fevers accompanied by typhoid symptoms, but not one example of the “typhoid fever.” Now if the belief expressed above be correct, and it fully accords with our own experience, we can readily understand why the experience and observation of Dr. Miller, which we presume has been confined chiefly to this district, has not furnished him with cases of typhoid fever with the affection of Peyer's glands. During an experience of many years, in which he has enjoyed an extensive practice, Dr. Miller has doubtless seen a considerable number of typhoid fevers, or fevers of a typhoid type; but he has not yet attempted to show that in these cases he had presented that peculiar train of symptoms characterizing the typhoid affection. We do not contend for the name, but for the identity of the disease.

Thus far we have confined our remarks to typhoid fever. A question now naturally arises, to wit, are this and typhus fever “mere grades of the same disease,” as has been stated by Dr. Miller? We have already extended our remarks so much beyond what we had intended, that we shall be as brief as possible upon this point.

Whoever will read carefully the account of the epidemic of typhus fever which occurred in the Philadelphia Hospital during the spring and summer of 1836, written by Dr. Gerhard, and published in the February No. of the American Journal of the Medical Sciences for 1837, must, we think, be compelled to acknowledge that the disease thus described differs entirely from the typhoid affection of Louis. The whole number of cases observed during this epidemic was from 230 to 250; of these, about 50 were examined after death. “In this large number of autopsies,” says Dr. Gerhard, “there was but in one case, and that doubtful in its diagnosis, the slightest deviation from the natural appearance of the

glands of Peyer. In the case alluded to, in which there had been some diarrhoea, the agglomerated glands of the small intestine were reddened and a little thickened, but there was no ulceration and no thickening or deposit of yellow puriform matter in the sub-mucous tissue. The disease of the glands resembled that sometimes met with in smallpox, scarlet fever, or measles, rather than the specific lesion of dothin-enteritis. In all other cases, the glands of Peyer were remarkably healthy in this disease, as was the surrounding mucous membrane, which was much more free from vascular injection than it is in cases of various diseases not originally affecting the small intestine." "The mesenteric glands were always found of the normal size."

The symptoms which characterized the epidemic typhus of which we are now speaking were numerous. Time will not allow me to do more than to mention one or two of the most important—such as the abundant petechial eruption, widely different from the lenticular rose-colored spots sparsely scattered over the abdomen in typhoid fever. 2ndly, the absence of meteorism, of pain upon pressure and gurgling in the right iliac region, which belong exclusively to typhoid fever. Diarrhoea was also extremely rare in typhus fever. Two of the most invariable symptoms of typhus were a general tremor of the body, similar to that of delirium tremens, and a pungent, disagreeable odor exhaled from the bodies of the sick. This latter was so remarkable, that by it alone we could recognize the disease.

Typhus fever was also eminently contagious; a great number of cases originated in the wards. The late Dr. Frisby, of Natchez, and myself, who were resident-physicians at the time, were attacked with the disease. Two of the head nurses were extremely ill; several of the assistants were more or less sick, and one or more died.

Dr. Graves, of Dublin, informed me that the contagious nature of typhus fever was frequently exemplified in his wards at Meith Hospital; that every year some of the students contracted the disease. In typhoid fever it is rare to see the disease contracted from exposure to those affected by it. In Paris the typhoid fever cases are placed promiscuously among the other medical patients, and in no instance do I recollect having seen a case originate in the wards.

During the epidemic typhus fever of Philadelphia, we had a few cases of the typhoid affection. In every instance the disease was recognized during life, and after death the peculiar lesions of the disease were found.

In 1837, after leaving the hospital, we had charge of one of the Dispensary districts of Philadelphia. Here, too, we saw a number of cases of typhus and typhoid fevers, and found no difficulty in distinguishing between them.

Before concluding this report, we should remark that in an epidemic presenting most of the phenomena of typhus fever, which occurred at Rheims, France, from Oct., 1839, to April, 1840, an account of which, by M. Landouzy, may be found in the "*Archives Générales de Médecine*," for the year 1842, 138 patients were attacked with the disease. Unfortunately there were only six autopsies made, a number altogether too

few to establish the anatomical character of any epidemic, more especially when this epidemic occurred in a country where typhoid is the prevailing form of fever. The original essay of M. Landouzy we have not in our possession. It is possible that as the lesions found resembled, to a certain extent, those of typhoid fever, these were really cases of the latter disease, modified by the prevailing medical constitution of the season.

Dr. Bartlett, after faithfully examining all that has been written upon the two fevers, declares, that "excepting the cases of M. Landouzy, it seems to him, that all go to show that the two diseases are radically and essentially dissimilar." In Philadelphia and in New England the same opinion prevails. Finally, the names of many of the European physicians of celebrity might be cited in favor of the same views of the nature of these two fevers.

WILLIAM P. JOHNSTON, M.D.

THE USE OF CIDER IN FEVERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I hope, in the following communication, that you will excuse my propensity to egotism. Being an old man, I may have some peculiar claims to that indulgence, which would not be so excusable in one whose hair retains its original color, and whose brain its original vigor.

The cure of fevers in all ages has excited the greatest effort of which the human mind has been capable; but since physicians have had independence enough to reflect for themselves, and not borrow all their ideas from their predecessors, there has been truly an improvement in treating fevers as well as other diseases. In the treatment of protracted fevers, the age of the patient and the probable duration of the case merit due consideration. An energetic course of treatment at the commencement of the disease will often produce such a state of debility as to disable an aged patient from experiencing the benefit of his physician's skill, and the enfeebled remains of his exhausted physical powers, with all their struggling efforts, will yield to the tardy progress of the unrelenting malady. In what I have to offer here there is nothing new nor strange, but sometimes from a trifling circumstance valuable results may follow.

About the middle of last August, two of my sons were taken with fever while I was absent on a journey. Within thirty-six hours after my arrival home, the last of the same month, I was suddenly attacked with fever, accompanied by unfavorable symptoms, which continued about sixteen or eighteen days without any abatement, loathing in the worst manner every kind of liquid and nourishment offered me, my mouth and tongue being in a very deranged state. I took an emetic at the commencement of my sickness, and some other medicines from day to day, until the third week of my confinement, when I had a desire for some sweet cider, which was procured, and I drank of it in a state of fermentation, and found it palatable, and the first thing, after sixteen or more days of almost entire abstinence, that I could endure, and was about the only nourishment as well as medicine I used afterwards, during my sickness.

portunity of becoming acquainted with the "ills flesh is heir to," under all vicissitudes of climate, location, and the pestilences that have swept their tens of thousands to the grave. He is entirely a practical man, with no show of learning above what is required, easy of access, very familiar in his intercourse, and free from that punctilious etiquette which stands so often in the way of great men becoming popular. As a lecturer, he is listened to with pleasure, and though there is no eloquence, no fine-spun theories, and not so much method as could be desired, he opens the whole subject, and should be considered as an excellent teacher on the subject of which he treats. Professor Jones, of the chair of Theory and Practice, is an able man in his department, lectures with ease, and chains attention to whatever subject he is upon. The other professors are all men of acknowledged ability, and though comparatively young in age, are old in experience of the different subjects upon which they severally treat. Students of medicine may now visit New Orleans with perfect confidence that the advantages are as good, if not better, for acquiring a knowledge of the profession, than in any other school. This fact is now pretty generally acknowledged. Then why, it may be asked, does not the school succeed better? why are not her halls thronged? I answer, simply because the expenses are too great. The price of tickets should be \$15, instead of \$20. The number of professorships should be six, instead of seven. The course of instruction might be rendered quite as full and complete under this arrangement, and the increased number of students would amply compensate the professors for the reduction in the price of tickets. The medical class numbers, I should think, about eighty. They are generally attentive and studious, and should they take their degree from this institution, the public may feel assured of having well-instructed and practical physicians.

My visit to the Charity Hospital afforded me no small degree of pleasure. Order, cleanliness and comfort struck me as prominent features pervading the whole establishment. It is rich in cases of every hue, variety and kind to be found or met with in years of ordinary country practice. The medical college edifice is a substantial and well-constructed building—built expressly for the purpose to which it is applied.

I need hardly speak of the New Orleans Medical Journal, as it is now becoming generally known and appreciated. This publication is needed, and should meet with general favor. It appears to be founded upon a solid and sure basis. Its editors are competent for their task, and are wedded to no party or set of men. I understand it is to be conducted on high and independent ground, with fairness and impartiality to all the members of the profession. It will, I hope, elevate the character of the profession in the south west, and call forth the talents, research and experience of the profession, which is so much needed. Many a gem, which would otherwise have shone in the medical firmament, has been lost and obscured for the want among us of what, I hope, is now supplied—a practical journal of medicine. Yours, &c.

New Orleans, Dec. 22d, 1844.

C. S. MAGOUN, M.D.

EXTRACTION OF FOREIGN BODIES FROM THE CÆSOPHAGUS.

From Mr. Liston's Recent Lectures on the Operations of Surgery.

How are foreign bodies in the gullet to be got out? It will depend very much on their sort and size and situation. You will not set about taking out needles or pins in the same way that you would large lumps of gristly meat, bone, coins, or any other hard body that may have lodged in the passage.

Foreign bodies in the cæso-phagus and pharynx cause a great deal of pain when the part is put in motion. If it be a hard and sharp body, there is a pricking sensation; if the body be of large size, the passage may be obstructed, the breathing may even be affected, as I have said; at all events, the patient will be unable to swallow anything. A very small solid substance will obstruct the passage completely when the patient is naturally very nervous, or the part is at all diseased. Patients who have a difficulty of swallowing become nervous: hysterical women are choked with very small substances, and patients who are laboring under stricture or organic disease of the cæso-phagus may have the passage closed from the lodgment of a very small portion of food. I have repeatedly seen cases of this kind. I recollect a woman, who came to me three or four times within two years, complaining that the passage to the stomach was completely closed. By introducing a small probang, the obstruction was discovered in the usual place; a piece of meat was pushed through the contracted portion of the canal, and she was relieved. She would not suffer the introduction of instruments for any other purpose.

Suppose that a large piece of gristly meat, or a large piece of tripe—oh! indeed, you need not smile at this, for you will find in surgical books many accounts of persons who have been choked with tripe—gets entangled in the narrow part of the canal, immediately behind the cricoid cartilage, you must consider how you are to remove it. By introducing a probang you may, it is true, push it down to the stomach. A piece of whalebone with a sponge at the end of it will do very well. In introducing an instrument for any purpose into the pharynx or cæso-phagus, you must look to the position of the head, and bring all the tube, fauces, pharynx and cæso-phagus, as far as possible into a line with the mouth. For this purpose you throw the head very well back, depress the tongue with the finger of the right hand, and push the instrument back to the forepart of the vertebræ, where you guide and bend it suitably with the finger. Just as you get it behind the velum, and into the top of the pharynx, you desire the patient to swallow his saliva. By this action the instrument is drawn back into the throat, the rima glottidis is closed, and you then, with the greatest security, push the instrument downwards, certain that it will go in the right passage. You continue to push it onwards till you meet with some obstruction. But there are foreign bodies which it would be very unsafe to push down, such as a piece of rough bone or cartilage, or hard gristly meat. You might tear the passage, or cause a rupture of it, and this would be attended with very serious conse-

quences. Infiltration in the loose cellular membrane, putrid abscess, and death, have not unfrequently followed rash operations of this kind. If the foreign body is of such a nature that you cannot push it down safely, you must bring it up if you can. For this purpose you must be provided with instruments of various forms. Here is a pair of forceps well suited for removing hard meat. You feel that there is something obstructing the canal; you open the instrument on the foreign body, seize, and extract it. I have taken out many lumps of meat in that way. If the foreign body is hard—a piece of bone or a piece of metal—you seize it with such forceps as these. The blades are made to open in different ways, according to the position in which the body lies. If a piece of metal—generally a coin—is fixed in the *œsophagus*, you may ascertain its position correctly, though you may well guess whereabouts it is to be found, by passing down a *steel* probe. This is the way to deal with large foreign bodies; but you very often find small sharp bodies lodged in the pharynx—sticking deeply in the tissues composing it—pins, pieces of fish-bone, and portions of the beards of barley. I have seen a great deal of irritation produced by a small husk of oatmeal stuck in the fauces or pharynx. These things will sometimes stick in the membrane for a long time; but you must recollect also that patients will often complain of a foreign body lodging in some portion of the passages long after it has got into the alimentary canal. The feeling of pain and uneasiness often remains a considerable time after the foreign body has gone away. The same takes place in the eye. A small fly gets betwixt the lid, for instance—no uncommon occurrence in riding or walking out into the country in summer—it causes intense pain; you get a friend to raise the eyelid and pick the fly out, but the feeling still continues, and does not go off, perhaps, for many hours. You must be quite sure that the foreign body is really lodged in the throat before you attempt to take it out. You bring the patient opposite a strong light, hold the tongue down, and then, perhaps, you see the substance: and by taking hold of it with small forceps, pull it out. Or, if it be low down, you hold the patient's head back, and with your finger feel down by the epiglottis, by the root of the tongue on each side, and if your nail is a little long, you may entangle and bring up the foreign body between the finger and the nail. I have even taken pins and needles out in this way. But you may not be able to reach the foreign body in this manner, and you must then use the forceps. You will find a difficulty in disentangling needles; you are obliged to humor them, moving them first in one way and then in another, and at last you will succeed in extracting them. Pieces of wire, nails, &c., are sometimes lodged here, and great caution is required on the part of the surgeon in handling them.

I should have stated that coins are sometimes extracted by means of forceps, and sometimes they are removed by a blunt bent hook.

Occasionally you find very curious foreign bodies lodged in the throat. The following case came under my notice years ago, though the patient was not under my care. A boy, engaged in herding cattle, was preparing his fishing tackle. He had a hook for catching jack, which he put in his

mouth in order to repair it in some way. The cattle, meanwhile, wandered amongst the corn; he shouted out on observing them, and in recovering his breath, filling his lungs again, the hook slipped back into the gullet, and there it stuck. You are aware that in fishing for jack, there are used three large hooks, tied back to back, like a grappling iron, by means of brass wire. There was much fuss made about this case; the boy was brought from a great distance to the Hospital, and he was kept as a show for some time. Every one suggested some plan or other for getting out the foreign body. It was a case in which, had it been in the hands of a very energetic surgeon, œsophagotomy ought to have been at once performed. There appeared but little chance of the three hooks coming out again, and the only apparent way of getting the boy out of the scrape would have been to make an opening below, and extricate them by pulling them downwards. The lad had a long chain hanging out of his mouth for weeks together, and at last it was proposed to use a bone probang, a large ivory ball with a hole in it; and this was to be pushed down to disentangle the barbs. By this time, however, extensive ulceration of the pharynx had taken place, and the foreign body was gulped up, to the relief both of the patient and of the medical men. In cases of this kind, you frequently find that practitioners are as much indebted to chance as to good management. Sometimes foreign bodies can neither be got down nor drawn out, and in these cases, as in the one I have just related, the œsophagus ought to be cut into. The incision should be made, not in the median line, but by the side of the windpipe. An incision ought to be made in the superior triangular space of the neck, of sufficient length to enable you to get cleverly to the obstruction. The larynx must be turned aside, and you will take care not to come in contact with the recurrent nerve, or to interfere with any of the other important organs in the neighborhood. Guided by the foreign body, you cut through the parietes of the œsophagus, lay hold of it, and extract it with forceps, vulsellum, or hook, as may be. I think that Mr. Arnott had occasion to perform this operation in the Middlesex Hospital some years ago, but it is not had recourse to once in a quarter of a century.

Where there is simple contraction of the gullet, you endeavor to restore the passage to its natural size. For that purpose you introduce instruments, day after day, till the parts recover themselves, and you can pass an instrument of full size without difficulty. You must be sure that there is really contraction, and from thickening of the walls of the tube, that it is not merely an hysterical affection; and you endeavor to ascertain if there is organic disease, that it is not of a malignant character, before you propose a proceeding of this kind. You would not think of destroying the stricture by caustic, as proposed by Sir Everard Home; it is only by very gentle management that you can expect to succeed, or to benefit your patient.

You require to introduce an instrument where persons have received injuries of the neck, but you would not put in a tube and retain it there. In bad cases, where the pharynx or œsophagus has been wounded, this

may be done ; but in the majority of cases all you have to do is, from time to time, perhaps two or three times a day, to introduce a common elastic catheter, such as is employed for the urethra. You pass it beyond the wound, and through it inject broths and jellies. Of all this I have already fully informed you.—*London Lancet.*

TRIAL FOR MALPRACTICE.

Reported by D. Brainard, M.D., Chicago, Ill.

BENJAMIN BARTLETT vs. SOLOMON BLOOD.—This was an action for damages, brought by the plaintiff, in the Racine County (Ill.) District Court, October 30, 1844. It appeared by the testimony that Bartlett, about a year previously, while working on a house, fell, and the roof, covered with snow, fell upon him. He was carried to his own house and Dr. Blood sent for, who, on arriving, pronounced it a fracture "of the point of the shoulder," and for dressing, applied a pad between the arm and breast, a roller about both ; and, according to some witnesses, one which passed from the elbow of the affected side to the opposite shoulder. This required replacing twice ; and after the second replacement, about three weeks after the accident, the Doctor's attendance was discontinued, he alleges to have been dismissed. On examination of the arm, Oct. 29, 1844, we found the following appearances. The shoulder presented considerable fulness, the muscles not being very much atrophied for want of use. The external extremity of the clavicle was a little above the acromion, the superior surface of which was irregular, and had the appearance of having been slightly depressed at its point, but was immovable. The arm could be raised to a horizontal position. The rotation was imperfect, and when raised to that extent the tendons of the pectoralis major, and of the latissimus dorsi and teres major muscles, were felt to be tense. The forearm could be extended so as to form an angle of 45°, with the line of axis of the humerus, and flexed a little beyond a right angle. From this latter circumstance, it had been supposed that the radius was dislocated forwards, but this part of the declaration was withdrawn before the trial. The hand was prone and could only be partially supinated, the tendons about the elbow were rigid and tense when efforts were made to perform extended movements. These were the only abnormal appearances. It was the opinion of most of the medical witnesses that there had been a fracture of the acromion, which was well re-united, an opinion which we ourselves entertained. The loss of movements we attributed to the rigidity of the fibrous tissues, but whether the original injury was such as to have permitted of a perfect restoration of the member, *within a year*, we would not undertake to decide, nor do we think any one can do so. The perfect union of the acromion showed there were not great defects in the treatment of the fracture of it. The jury, however, seemed to think the Doctor was bound to restore the arm to its movements, and gave a verdict for the plaintiff of \$300 and costs.

If we consider that the contusions must have been extensive, and that

there may have been injury of the axillary plexus of nerves; that when a surgeon is dismissed he has often no means of proving it; that the movements of the member might be still improved by suitable treatment, we doubt not that Dr. Blood will have the sympathies of many members of the profession; for, if a surgeon is to pay all the damages which patients may sustain from such injuries, without their being called upon to show that they took ample means for the restoration of the movements of the member, *when the surgeon was not in attendance*, we see no security for the rights of the latter. If, instead of commencing a suit, Mr. Bartlett had applied to a surgeon, we think ourselves justified in expressing the opinion, that there was still time for the restoration of many of the movements and uses of the member, and that, even now, when a year has elapsed, much might be done by judicious and continued treatment, to restore it.—*Illinois Medical Journal*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1845.

Charges for Homœopathic Services.—Perhaps the following report of a suit for the recovery of fees for homœopathic practice, in *Cincinnati, Pulte vs. Woodruff*, may not be unacceptable to physicians generally, since it contains not only the opinions of eminent medical gentlemen of that city on the value of homœopathy, but an expression of the opinion of a jury also. We are indebted for the abstract, to the *Botanico-Medical Recorder*, for which work it was drawn up by a distinguished legal gentleman.

This was a suit to recover a bill of \$92, for services rendered the defendant, as a physician.

The defence was that the bill had been settled and paid, and also that the services were of no value.

As to the first point, there was various testimony, pro and con.

As to the second point, it was proved that the plaintiff was employed as a homœopathic physician, and the defendant introduced witnesses for the purpose of proving that medicine administered upon the homœopathic system could not be of any use to the patient. On behalf of the plaintiff, Drs. Peck and Price were examined. Dr. Peck testified that he was educated in the allopathic school, and practised several years, that within some three or four years he had abandoned that system and adopted the homœopathic system; that the two systems did not differ so much in the medicines used, as in the mode and manner of administering them—that in the old system large doses of medicine were given for the purpose of operating upon the bowels, the stomach, or some other vital organ—that in the new mode they gave medicines in such minute quantities that it would not operate upon these organs, but would be incorporated into the system through the nerves and blood, and thus produce its corrective effect. He stated that the homœopathics gave mercury in doses as small as the

three hundredth or one thousandth part of a grain. That homœopathics never gave calomel for the purpose of specifically affecting either the bowels or the salivary glands—that they never designed to produce either alvine evacuations or salivation, nor would calomel, administered upon the homœopathic system, ever produce either of those effects—that it was a rule of homœopathic practice, never to give but one kind of medicine at the same time, in other words, never to give compound medicines—that their medicines were varied from day to day, as the symptoms varied—that their medicines were mostly given in pills or a powder of the sugar of milk; some, however, were given in liquids—that the homœopathics had two or three hundred different kinds of medicines, which were mostly prepared in Germany, but some in New York. That one material difference, in practice, between the allopaths and homœopaths, was, that the former gave written prescriptions for medicine, which the patient purchased of the apothecary, but the latter always furnished his own, for which he made a distinct charge—that the usual charge was a dollar a visit, and twenty-five cents for medicine.

On being asked if the homœopathic system was not rapidly increasing in the United States, Dr. Peck stated that there were six or seven practitioners upon that system in Cincinnati, sixty or seventy in Philadelphia, about the same number in New York, and about twenty in Boston.

Dr. Price stated that he had been educated in the old school, but within a few years had paid some attention to homœopathy. He stated, however, that he was not, and had not been for some time past, in general practice. His testimony coincided with the testimony of Dr. Peck.

On the part of the defendant, Drs. Wood and Harrison were examined. Dr. Wood stated that he was a practitioner of medicine on the old system—that he was in the habit of giving calomel to his patients, when he thought their cases required it—that it was a very powerful and a very dangerous instrument in unskilful hands; that it required all the skill they were able to acquire to enable them to use it successfully, without injury to the patient—that, from his knowledge of the human system, and of the laws by which it was governed, he did not believe it possible that such minute doses of calomel, as he understood the homœopaths were in the habit of administering, could produce any perceptible effect, nor could he conceive that any medicine administered in such minute doses as the thousandth part of a grain, could affect the system either in sickness or health. The thousandth or three hundredth part of a grain of calomel, taken into the stomach, day by day, for any length of time, would mix with the food and pass off with the feces, but he could not conceive that it would ever affect the bowels, the salivary glands, the nerves, or any other organ. Dr. Wood had no particular knowledge of the plaintiff or his mode of practice.

Dr. Harrison testified that, being a lecturer and teacher of medicine in the Cincinnati College, he had considered it his duty to make himself acquainted with the homœopathic system of medicine—that he had read the work of Dr. Hahnemann, the original inventor of the system, besides some other works—that in his opinion it was based upon mere hypothesis or the assumption of facts, which never were and never could be proved—that it was contrary to the laws of nature, in regard to the human body, so far as we know them; and that those who believed in it, had no other foundation for their belief than credulity or superstition. That

the word homœopathy was derived from two Greek words, one signifying *similar*, and the other signifying *suffering*. That the fundamental maxim of their system was *similia similibus curantur*—like cures like, or whatever will produce disease in a well man, will, if administered in minute doses, cure a sick one. If opium in large doses produces headache and stupor, then opium in small doses will cure that headache and stupor; and if wine or brandy in large doses produces inebriety and vomitings, then wine or brandy in small doses, one drop, or the hundredth part of a drop, will cure that inebriety and vomiting. Dr. Hahnemann states that he made his discovery in consequence of taking a large dose of Peruvian bark when in health, which he found to produce shaking and a headache, and he thence concluded that Peruvian bark given in minute doses would cure the fever and ague. Dr. Harrison further stated that the homœopaths gave medicines for symptoms and not for disease. If they found a patient vomiting, whether the vomiting was caused by inebriety, pregnancy, inflammation, or any other cause, they administered the same medicine. If the patient was suffering a violent pain in the head, the same remedy was applied, whether the pain proceeded from inebriety, or inflammation of the brain. He further stated that it was a dogma or first principle of Hahnemann, and of the homœopathic practitioners, that the more a medicine was triturated or diluted, the more powerful it became, and it might be triturated to that degree that the human system could not bear it, but would explode; thus the tenth part of a grain of calomel, when properly triturated and mixed with the sugar of milk, was more powerful than a grain, and the hundredth of a grain more powerful than the tenth, and the thousandth more powerful than the hundredth, and so on indefinitely—that according to the theory of Hahnemann, an ounce of calomel or laudanum put into the Ohio river at Pittsburgh, would, if properly triturated and diffused through the whole body of the river, by the time it arrived at New Orleans become so powerful as to poison and destroy all who drank of it. This theory Dr. Harrison considered gratuitous and fanciful; yet upon this theory it is, that the homœopaths administer the thousandth part of a grain of calomel. Hence Hahnemann mentions that smelling a medicine is often more efficacious in curing a disease than swallowing it. Dr. Harrison confirmed the testimony of Dr. Wood, that none but experts or proficients should ever administer calomel, especially to women of delicate constitutions. Dr. H. was asked whether there was not a large number of physicians in Cincinnati who practised on the botanical system, and repudiated calomel altogether; but he declined answering the question, as it had nothing to do with this case. Various other testimony was offered, respecting the character, education and qualifications of Dr. Pulte.

Verdict for Plaintiff, for \$27 50.

Reciprocal Duties of Physicians and the Public—Dr. Flint's Lecture.—At Chicago, Illinois, on Lake Michigan, a Medical College was organized the last summer, of which some notice has already been given. In August we were in that flourishing city, and by Drs. Brainard and Blaney, who are connected with the school, were made acquainted with the prospects that greeted them in the enterprise. The edifice in which the lec-

tures were to be delivered, had not then been erected, but from the apparent readiness of the faculty to discharge their various duties, and from representations then made, it is presumed the college building was raised and completed, according to the design which those gentlemen exhibited.

Austin Flint, M.D., of Buffalo, fills the chair of the Institutes and Practice of Medicine in the Rush Medical College, the name given the new institution. His opening discourse, on assuming the responsible position of a professor, which is now published, treats of the *Reciprocal Duties and Obligations of the Medical Profession and the Public*, which gave him ample scope for displaying powers of no ordinary kind. Were it in our power to cull flowers from every field in which they abound, we should never lack for employment in this agreeable occupation. But since all the sentiments and all the beautiful ideas which characterize the rising medical literature of the country, so much of which is found in introductory lectures, cannot be transferred to the columns of the Journal, we must content ourselves with saying that those who are so happy as to have access to this discourse, amongst others of much merit and originality, will have a rich intellectual feast.

Most Important Modern Operations of Surgery—Dr. Mütter's Lecture.—Dr. Mutter's introductory at the Jefferson Medical College, given early in November, found its way to the East towards the middle of January. The author belongs to that class of men who display the results of industry in a most acceptable manner. He does not exert himself to surprise an audience by speaking of his own achievements, but in a modest way analyzes and recommends the claims and merits of others. Within a short time Dr. Mutter has been in Europe, gathering such information as cannot be otherwise than useful to those to whom he relates his observations. St. Paul's Cathedral, St. Peter's, the Queen, Louis Phillipe, and such like magnificent objects, ordinarily perfect gems in a traveller's diary, have no place in the Professor's notes: in fact, were it not that the printed lecture is devoted to the most important modern operations of surgery as practised in Europe, no one would have surmised that the writer had just returned from over sea. The omission of such great topics as have heretofore made up the bulk of some lectures by returned professors, is decidedly in good taste, and precisely what we should have expected from a gentleman of Dr. Mutter's judgment.

With regard to the present mode of dressing extensive wounds in Europe, Dr. M. says—"The French surgeons, with but very few exceptions, still adhere to the original views of some of their older authorities, and unite all extensive wounds by the *second intention* of Hunter; while the English, like ourselves, adopt a plan directly the reverse, and endeavor to obtain, as far as possible, union by the *first intention* of Hunter, or simple adhesion.

"From what I could learn, the continental surgeons, out of France, are gradually adopting the modern English and American method; and instead of covering up their wounds with great bundles of charpie, apply the lightest dressing, frequently employ cold water, as recommended recently by McCartney, or the oil silk dressing of Liston. Some little mention was made of the process of Revellé Parise (suction), but the method, in reality not a novel one, has as yet gained but little credit."

A new mode of treating pleurisy by Prof. Trousseau, of Paris, is alluded to by Dr. M. as follows. "The operation is nothing more than the evacuation of the fluid in cases of acute pleurisy, by an opening made into the thorax by the following process.—A small incision is made in the skin, between the 7th and 8th ribs, a little to the outside of the heart. The *skin* is next raised until the incision corresponds to the intercostal space immediately above, and then an ordinary abdominal trocar is introduced to the depth of about two inches. On the spear being withdrawn the fluid rushes out, and in order to prevent the introduction of air into the chest, the *pavilion* of the canula is wrapt with a strip of bladder or gold-beater's skin, which is raised by the fluid as it passes out, but which falls on the orifice during deep inspiration, and effectually closes it. During the discharge of the fluid, an assistant compresses the abdomen so as to push up the diaphragm and thoracic parietes—and after its escape, the canula is rapidly withdrawn, the incision pushed down to its original position, and closed with a small piece of adhesive plaster."

Dead Bodies for Dissection in Massachusetts.—A committee has been appointed in the Massachusetts Legislature to consider the expediency of repealing the 10th and 11th sections of the 22d chapter of the Revised Statutes, which provide for the delivering up to physicians, in certain cases, the dead bodies of paupers, to be used for the advancement of anatomical science, said sections having failed, as alleged by the mover, to accomplish the intention of their enactment. It is hoped some efficient substitute will be devised, if the repeal is obtained, as the intention of the makers of the present law was doubtless good, and it has been and is looked upon with great approbation by the friends of anatomical science in other States where nothing has yet been done in its favor.

Medical Biography.—As soon as a few more papers are disposed of, the volume just completed by Dr. Williams will have more attention. Physicians begin to perceive that it was written for them, and therefore they cannot do less than give the author their liberal patronage. Two hundred copies should be taken in Boston alone; and if the State Medical Society would distribute it to the members on the anniversary meeting in May, it would be a popular movement.

Mortality in Boston.—In the city of Boston the past year, the number of deaths was 2,241—of which 1,109 were of children under five years of age. The number of deaths from consumption was 305—the number of deaths from fevers of various kinds, 458, including 75 of typhus, 132 of lung, and 229 of scarlet fever.

Medical Society of the District of Columbia.—On the 16th of January, the following gentlemen were elected to the offices annexed to their names, in the city of Washington. Dr. F. May, *President*; Drs. McWilliams and Sewall, *Vice Presidents*; Dr. Miller, *Corresponding Secretary*; Dr. Borrow, *Recording Secretary*; Dr. Hall, *Treasurer*; Dr. Howard, *Librarian*. Drs. Lindsly, Young, Thomas, J. F. May, and W. P. Johnston, *Board of Examiners*.

Massachusetts Charitable Eye and Ear Infirmary.—The annual Report of this Institution, under the care of Drs. Reynolds, Hooper, and Bethune, shows that during the past year there have been 1,064 applicants for assistance at the Infirmary, making the whole number since the establishment of the institution nearly 15,000. Of these 1,064 patients, 836 were afflicted with disease of the eye, and 228 of the ear. 580 were males, and 484 females. Of this number 128 were admitted as house-patients, their residence varying from four or five days to as many months. The remaining 936 were treated as out-patients. Discharged—recovered, 51; improved, 32; not improved, 16; unfit, 6; not treated, 9; eloped, 1; under treatment, 13.

Medical Miscellany.—Twenty-one students were admitted to the degree of M.D. at the late lecture term of the Castleton Medical College. The spring course will commence the last Thursday in February next.—Dr. Samuel Kennedy, of New Orleans, has been arrested for stabbing Mr. Benj. W. Waitt, Jr., who died.—A catalogue of the Berkshire Med. Institution, just out, shows there were 145 students matriculated at the late course of lectures.—The number of students attending the medical lectures in Boston is 157.

MARRIED.—In Baltimore, Dr. David Stewart to Miss E. P. Littlefield, of Castine, Me.—Dr. James Little, of Bevertown, Ohio, to Miss L. L. Jennison, of Vermont.

DIED.—At New London, Ct., Dr. Anthony Thatcher, 62.—At Brattleboro', Vt., Dr. C. S. Smith.—At Great Bend, Penn., Dr. Lyman, killed by a fall from his horse.—At Chatham, N. J., Dr. John C. Budd, 84.—In Palmyra, N. Y., Dr. Jonathan S. Eggleston, 46.

Number of deaths in Boston, for the week ending Jan. 18, 39—Males, 13; Females, 26.

Of consumption, 9—canker rash, 1—scarlet fever, 3—lung fever, 5—croup, 6—stoppage in bowels, 2—infantile, 2—inflammation, 1—fits, 1—rheumatic fever, 1—complication, 1—tumor, 1—hooping cough, 1—old age, 1—teething, 2—inflammation on the lungs, 1—debility, 1.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 60 years, 12—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 463 ft.

Dec.	Therm.	Barometer.	Wind.	Dec.	Therm.	Barometer.	Wind.
1	from 34 to 41	from 29.29 to 29.44	N W	17	from 16 to 22	from 28.99 to 29.05	N W
2	22 46	29.72 29.79	N W	18	16 19	29.13 29.33	N W
3	24 30	29.91 29.94	N E	19	18 31	29.35 29.36	S W
4	32 34	29.29 29.55	N E	20	17 23	29.38 29.48	N W
5	37 45	29.50 29.65	N E	21	8 27	29.41 29.45	S W
6	33 35	29.72 29.77	N E	22	32 33	29.13 29.21	N E
7	35 54	28.93 29.45	S W	23	38 41	28.41 28.72	N E
8	22 27	29.15 29.46	N W	24	24 34	28.88 29.26	N W
9	16 32	29.60 29.69	S W	25	26 43	29.53 29.55	S W
10	23 41	29.47 29.56	N W	26	38 52	29.24 29.36	S W
11	15 19	29.57 29.63	N E	27	26 40	29.16 29.16	N E
12	23 31	29.29 29.35	N W	28	16 20	28.98 29.13	N W
13	14 33	29.29 29.35	S W	29	9 27	29.41 29.48	W
14	29 37	29.02 29.08	S W	30	18 38	29.08 29.35	S E
15	28 35	29.02 29.04	W	31	30 38	29.29 29.44	W
16	24 33	29.03 29.04	S W				

This has been an open winter month, favorable for business, having much good weather and little rain. The season has been pleasant and fair. Eight inches of snow have fallen, and 2.56 of water. The Thermometer has ranged from 8 to 54. The Barometer from 28.41 to 29.94 inches.

Dental Professorships in Medical Colleges.—We think there should be in every Medical College a distinct professorship for teaching students the structure, diseases and treatment of the mouth and teeth. How ridiculously absurd the practice of holding up a tooth before a class of students, some of whom are twenty or thirty feet from the lecturer, and attempting to *show*—and all in a single one-hour lecture—the tooth's structure, shape, position in the mouth, affections, &c. &c.—things, *all* of which, to be understood, must be examined at very short distances, and *some* of which must be examined with a microscope! An evidence of the propriety of our views on this subject, and an example of how little of truth is known and how much of error is taught, even in "high places," upon the affections of the teeth, may be seen in the fact that one of the "lights of science" in one of the most famous medical schools in America, and a most voluminous writer withal, stated, captiously, in a review of a work upon dental surgery, that caries of the teeth *always* commences *within* the substance of the teeth!—a single instance of which no one ever saw. We would not have it supposed, from these remarks, that we would have students qualified at medical schools for the practice of dental surgery;—we would have this distinct professorship expressly for medical students: to teach them what it is essential, as well for their credit as for success in the practice of *their* profession, that they should know, and what can be *best*, if not *only*, taught by one who has observed closely and practised long and successfully in dental surgery.—*American Journal of Dental Science.*

A Benevolent Lunatic.—Dr. Pliny Earle relates the following case in the last number of the Journal of Insanity. "An insane lady in the middle age of life, a peaceable, quiet creature, with a heart overflowing with 'the milk of human kindness,' occupied a room in an asylum. She had a large quarto Bible, which, when she was not reading from it, laid upon the table. One morning, I was somewhat surprised on finding her seated in an arm-chair, the table in her lap, and the Bible on the floor. Asking her the cause of this new arrangement, she told me that 'the table was *so tired* with holding the Bible, that she was *tending it*,' for the purpose of giving it some relief. This process was often repeated afterwards, and the benevolence that prompted it, soon extended to the bedstead, to which she frequently gave opportunities of 'rest,' by holding up, for hours in succession, the corners of the bed, and the superincumbent clothing. This may appear like burlesque or caricature, but it is not intended as such; for truly, if ever an act of kindness were induced by the pure spirit of affection, I believe such was the fact with those just related."

Treatment of Hydrocele.—Mr. Adams recommends for a trial a very simple mode of treating hydrocele, which he has as yet only employed once, in a case where the operation by incision had partly effected a cure. The sac was irregularly distended, and Mr. Adams, after drawing off its contents, introduced through the canula a camel's hair brush, dipped in a strong tincture of iodine, and carefully painted the interior of the sac with it. He concluded, by observing, that there is, at present, seven weeks after the operation, every indication of success.—*Times.*